

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FLING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28	I					
29	I					
30	I					
31						
32	I					
33						
34	I					
35						
36	I					
37	I					
38	I					
39	I					
40	I					
41	I					
42	I					
43	I					
44	I					
45	I					
46	I					
47	I					
48	I					
49	I					
50	I					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS	IND		DEP		IND		DEP		IND		DEP	
	51		52		53		54		55		56	
57			58		59		60		61		62	
63			64		65		66		67		68	
69			70		71		72		73		74	
75			76		77		78		79		80	
81			82		83		84		85		86	
87			88		89		90		91		92	
93			94		95		96		97		98	
99			100									
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												